

1 AN ACT to amend certain Acts in relation to mental
2 health.

3 Be it enacted by the People of the State of Illinois,
4 represented in the General Assembly:

5 Section 5. The Mental Health and Developmental
6 Disabilities Administrative Act is amended by changing
7 Sections 4, 4.3, 7, and 15 as follows:

8 (20 ILCS 1705/4) (from Ch. 91 1/2, par. 100-4)

9 Sec. 4. Supervision of facilities and services;
10 quarterly reports.

11 (a) To exercise executive and administrative supervision
12 over all facilities, divisions, programs and services now
13 existing or hereafter acquired or created under the
14 jurisdiction of the Department, including, but not limited
15 to, the following:

16 The Alton Mental Health Center, at Alton

17 The Clyde L. Choate Mental Health and Developmental
18 Center, at Anna

19 The Chester Mental Health Center, at Chester

20 The Chicago-Read Mental Health Center, at Chicago

21 The Elgin Mental Health Center, at Elgin

22 The Metropolitan Children and Adolescents Center, at
23 Chicago

24 The Jacksonville Developmental Center, at
25 Jacksonville

26 The Governor Samuel H. Shapiro Developmental Center,
27 at Kankakee

28 The Tinley Park Mental Health Center, at Tinley Park

29 The Warren G. Murray Developmental Center, at
30 Centralia

31 The Jack Mabley Developmental Center, at Dixon

1 The Lincoln Developmental Center, at Lincoln
2 The H. Douglas Singer Mental Health and
3 Developmental Center, at Rockford

4 The John J. Madden Mental Health Center, at Chicago

5 The George A. Zeller Mental Health Center, at Peoria

6 The Andrew McFarland Mental Health Center, at
7 Springfield

8 The Adolf Meyer Mental Health Center, at Decatur

9 The William W. Fox Developmental Center, at Dwight

10 The Elisabeth Ludeman Developmental Center, at Park
11 Forest

12 The William A. Howe Developmental Center, at Tinley
13 Park

14 The Ann M. Kiley Developmental Center, at Waukegan.

15 (b) Beginning not later than July 1, 1977, the
16 Department shall cause each of the facilities under its
17 jurisdiction which provide in-patient care to comply with
18 standards, rules and regulations of the Department of Public
19 Health prescribed under Section 6.05 of the Hospital
20 Licensing Act.

21 (c) The Department shall issue quarterly reports on
22 admissions, deflections, discharges, bed closures,
23 staff-resident ratios, census, and average length of stay,
24 and any adverse federal certification or accreditation
25 findings, if any, for each State-operated facility for the
26 mentally ill and developmentally disabled.

27 (Source: P.A. 91-357, eff. 7-29-99; 91-652, eff. 12-1-99.)

28 (20 ILCS 1705/4.3) (from Ch. 91 1/2, par. 100-4.3)

29 Sec. 4.3. Site visits and inspections.

30 (a) Each facility under the jurisdiction of the
31 Department shall be subject to a site visit at least once
32 during each 12-month period ~~biennium-by-the-Citizens--Council~~
33 ~~on--Mental--Health-and-Developmental-Disabilities-as-provided~~

1 ~~in Section 11A-7 of the Legislative Commission Reorganization~~
2 ~~Act of 1984, as now or hereafter amended.~~

3 (b) The Department shall establish a system of annual
4 on-site inspections of each facility under its jurisdiction.
5 The inspections shall be conducted by the Department
6 ~~Department's central office~~ to:

7 (1) Determine facility compliance with the statutes
8 relating to patient care and the Department policies and
9 procedures;

10 (2) Determine facility compliance with audit
11 recommendations;

12 (3) Evaluate facility compliance with applicable federal
13 standards;

14 (4) Review and follow up on complaints made by
15 legislators, community mental health organizations agencies
16 and advocates, and on findings of the Human Rights Authority
17 division of the Guardianship and Advocacy Commission; and

18 (5) Review administrative and management problems
19 identified by other sources.

20 (c) Before January 30 of each even-numbered year, the
21 Auditor General shall, with the advice of the Department,
22 certify at least 3 non-profit organizations whose primary
23 purpose is to improve the quality of mental health care in
24 State-operated facilities. The certified organization shall
25 ensure that those persons who have access under this Section
26 comply with all statutory and regulatory provisions governing
27 recipients' rights, confidentiality, privacy, and safety and
28 that any individual who fails to comply shall not be
29 permitted to continue to participate in assessments. The
30 certified organization shall ensure that individuals shall
31 not be permitted to participate in assessments at any
32 facility at which their presence would conflict with a
33 recipient's right to refuse contact with those individuals.
34 Those organizations shall have access to all the

1 State-operated facilities pursuant to the rules governing the
2 functions of the Inspector General as authorized under the
3 Abused and Neglected Long Term Care Facility Residents
4 Reporting Act. The purpose of the access is to ensure there
5 will be independent assessments for each State-operated
6 facility, not to exceed 4 per year for each facility.
7 However, additional visits may be carried out upon the
8 notification of a specific complaint. The access shall
9 exclude all patient records unless the recipient has
10 permitted the examination of his or her records under the
11 Mental Health and Developmental Disabilities Confidentiality
12 Act.

13 The Department shall adopt rules for certifying the
14 organizations and for establishing reasonable standards and
15 procedures for determining whether the organizations seeking
16 certification provide appropriate training and supervision to
17 those persons who will have access under the statute.

18 The reports of the assessments shall be provided to the
19 Department, to the Speaker of the House of Representatives,
20 the President of the Senate, the Minority Leader of the
21 Senate, the Minority Leader of the House of Representatives,
22 and to others that the organizations may determine. Under no
23 circumstances shall certification or access be denied due to
24 a disagreement by the Department with any positions taken by
25 the organizations with regard to public policy, legislation,
26 regulation, or litigation concerning mental health services,
27 the operation of, or the quality of care provided by the
28 Department or any mental health provider. The Department
29 shall adopt rules establishing standards and procedures for
30 internal review of any decision denying or terminating access
31 to any organization, including review by the Director or his
32 or her designee. Any organization denied access under this
33 statute by an administrative decision of the Director or his
34 or her designee may have that decision reviewed under the

1 Administrative Review Law.

2 The assessments shall be conducted by the certified
3 organizations at no charge.

4 (Source: P.A. 86-1013.)

5 (20 ILCS 1705/7) (from Ch. 91 1/2, par. 100-7)

6 Sec. 7. To receive and provide the highest possible
7 quality of humane and rehabilitative care and treatment to
8 all persons admitted or committed or transferred in
9 accordance with law to the facilities, divisions, programs,
10 and services under the jurisdiction of the Department. No
11 resident of another state shall be received or retained to
12 the exclusion of any resident of this State. No resident of
13 another state shall be received or retained to the exclusion
14 of any resident of this State. All recipients of 17 years of
15 age and under in residence in a Department facility other
16 than a facility for the care of the mentally retarded shall
17 be housed in quarters separated from older recipients except
18 for: (a) recipients who are placed in medical-surgical units
19 because of physical illness; and (b) recipients between 13
20 and 18 years of age who need temporary security measures.

21 All recipients in a Department facility shall be given a
22 dental examination by a licensed dentist or registered dental
23 hygienist at least once every 18 months and shall be assigned
24 to a dentist for such dental care and treatment as is
25 necessary.

26 All medications administered to recipients shall be
27 administered only by those persons who are legally qualified
28 to do so by the laws of the State of Illinois. Medication
29 shall not be prescribed until a physical and mental
30 examination of the recipient has been completed. If, in the
31 clinical judgment of a physician, it is necessary to
32 administer medication to a recipient before the completion of
33 the physical and mental examination, he may prescribe such

1 medication but he must file a report with the facility
2 director setting forth the reasons for prescribing such
3 medication within 24 hours of the prescription. A copy of the
4 report shall be part of the recipient's record.

5 No later than January 1, 2002, the Department shall adopt
6 a model protocol and forms for recording all patient
7 diagnosis, care, and treatment at every facility under the
8 jurisdiction of the Department. The model protocol and forms
9 shall be used by each facility unless the Department
10 determines that equivalent alternatives justify an exemption.

11 Every facility under the jurisdiction of the Department
12 shall maintain a copy of each report of suspected abuse or
13 neglect of the patient. Copies of those reports shall be made
14 available to the State Auditor General in connection with his
15 biennial program audit of the facility as required by Section
16 3-2 of the Illinois State Auditing Act.

17 No later than January 1, 2002, every facility under the
18 jurisdiction of the Department and all services provided in
19 those facilities shall comply with all of the applicable
20 standards adopted by the Social Security Administration under
21 Subchapter XVIII (Medicare) of the Social Security Act (42
22 U.S.C. 1395 - 1395ccc), if the facility and services may be
23 eligible for federal financial participation under that
24 federal law.

25 (Source: P.A. 86-922; 86-1013; 86-1475.)

26 (20 ILCS 1705/15) (from Ch. 91 1/2, par. 100-15)

27 Sec. 15. Before any person is released from a facility
28 operated by the State pursuant to an absolute discharge or a
29 conditional discharge from hospitalization under this Act,
30 the facility director of the facility in which such person is
31 hospitalized shall determine that such person is not
32 currently in need of hospitalization and:

33 (a) is able to live independently in the community;

1 or

2 (b) requires further oversight and supervisory care
3 for which arrangements have been made with responsible
4 relatives or supervised residential program approved by
5 the Department; or

6 (c) requires further personal care or general
7 oversight as defined by the Nursing Home Care Act, for
8 which placement arrangements have been made with a
9 suitable family home or other licensed facility approved
10 by the Department under this Section; or

11 (d) requires community mental health services for
12 which arrangements have been made with a suitable
13 community mental health provider in accordance with
14 criteria, standards, and procedures promulgated by rule.

15 Such determination shall be made in writing and shall
16 become a part of the facility record of such absolutely or
17 conditionally discharged person. When the determination
18 indicates that the condition of the person to be granted an
19 absolute discharge or a conditional discharge is described
20 under subparagraph (c) or (d) of this Section, the name and
21 address of the continuing care facility or home to which such
22 person is to be released shall be entered in the facility
23 record. Where a discharge from a mental health facility is
24 made under subparagraph (c), the Department shall assign the
25 person so discharged to an existing community based
26 not-for-profit agency for participation in day activities
27 suitable to the person's needs, such as but not limited to
28 social and vocational rehabilitation, and other recreational,
29 educational and financial activities unless the community
30 based not-for-profit agency is unqualified to accept such
31 assignment. Where the clientele of any not-for-profit agency
32 increases as a result of assignments under this amendatory
33 Act of 1977 by more than 3% over the prior year, the
34 Department shall fully reimburse such agency for the costs of

1 providing services to such persons in excess of such 3%
2 increase. The Department shall keep written records detailing
3 how many persons have been assigned to a community based
4 not-for-profit agency and how many persons were not so
5 assigned because the community based agency was unqualified
6 to accept the assignments, in accordance with criteria,
7 standards, and procedures promulgated by rule. Whenever a
8 community based agency is found to be unqualified, the name
9 of the agency and the reason for the finding shall be
10 included in the report.

11 Insofar as desirable in the interests of the former
12 recipient, the facility, program or home in which the
13 discharged person is to be placed shall be located in or near
14 the community in which the person resided prior to
15 hospitalization or in the community in which the person's
16 family or nearest next of kin presently reside. Placement of
17 the discharged person in facilities, programs or homes
18 located outside of this State shall not be made by the
19 Department unless there are no appropriate facilities,
20 programs or homes available within this State. Out-of-state
21 placements shall be subject to return of recipients so placed
22 upon the availability of facilities, programs or homes within
23 this State to accommodate these recipients, except where
24 placement in a contiguous state results in locating a
25 recipient in a facility or program closer to the recipient's
26 home or family. If an appropriate facility or program
27 becomes available equal to or closer to the recipient's home
28 or family, the recipient shall be returned to and placed at
29 the appropriate facility or program within this State.

30 To place any person who is under a program of the
31 Department at board in a suitable family home or in such
32 other facility or program as the Department may consider
33 desirable. The Department may place in licensed nursing
34 homes, sheltered care homes, or homes for the aged those

1 persons whose behavioral manifestations and medical and
2 nursing care needs are such as to be substantially
3 indistinguishable from persons already living in such
4 facilities. Prior to any placement by the Department under
5 this Section, a determination shall be made by the personnel
6 of the Department, as to the capability and suitability of
7 such facility to adequately meet the needs of the person to
8 be discharged. When specialized programs are necessary in
9 order to enable persons in need of supervised living to
10 develop and improve in the community, the Department shall
11 place such persons only in specialized residential care
12 facilities which shall meet Department standards including
13 restricted admission policy, special staffing and programming
14 for social and vocational rehabilitation, in addition to the
15 requirements of the appropriate State licensing agency. The
16 Department shall not place any new person in a facility the
17 license of which has been revoked or not renewed on grounds
18 of inadequate programming, staffing, or medical or adjunctive
19 services, regardless of the pendency of an action for
20 administrative review regarding such revocation or failure to
21 renew. Before the Department may transfer any person to a
22 licensed nursing home, sheltered care home or home for the
23 aged or place any person in a specialized residential care
24 facility the Department shall notify the person to be
25 transferred, or a responsible relative of such person, in
26 writing, at least 30 days before the proposed transfer, with
27 respect to all the relevant facts concerning such transfer,
28 except in cases of emergency when such notice is not
29 required. If either the person to be transferred or a
30 responsible relative of such person objects to such transfer,
31 in writing to the Department, at any time after receipt of
32 notice and before the transfer, the facility director of the
33 facility in which the person was a recipient shall
34 immediately schedule a hearing at the facility with the

1 presence of the facility director, the person who objected to
2 such proposed transfer, and a psychiatrist who is familiar
3 with the record of the person to be transferred. Such person
4 to be transferred or a responsible relative may be
5 represented by such counsel or interested party as he may
6 appoint, who may present such testimony with respect to the
7 proposed transfer. Testimony presented at such hearing shall
8 become a part of the facility record of the
9 person-to-be-transferred. The record of testimony shall be
10 held in the person-to-be-transferred's record in the central
11 files of the facility. If such hearing is held a transfer may
12 only be implemented, if at all, in accordance with the
13 results of such hearing. Within 15 days after such hearing
14 the facility director shall deliver his findings based on the
15 record of the case and the testimony presented at the
16 hearing, by registered or certified mail, to the parties to
17 such hearing. The findings of the facility director shall be
18 deemed a final administrative decision of the Department. For
19 purposes of this Section, "case of emergency" means those
20 instances in which the health of the person to be transferred
21 is imperiled and the most appropriate mental health care or
22 medical care is available at a licensed nursing home,
23 sheltered care home or home for the aged or a specialized
24 residential care facility.

25 Prior to placement of any person in a facility under this
26 Section the Department shall ensure that an appropriate
27 training plan for staff is provided by the facility. Said
28 training may include instruction and demonstration by
29 Department personnel qualified in the area of mental illness
30 or mental retardation, as applicable to the person to be
31 placed. Training may be given both at the facility from
32 which the recipient is transferred and at the facility
33 receiving the recipient, and may be available on a continuing
34 basis subsequent to placement. In a facility providing

1 services to former Department recipients, training shall be
2 available as necessary for facility staff. Such training
3 will be on a continuing basis as the needs of the facility
4 and recipients change and further training is required.

5 The Department shall not place any person in a facility
6 which does not have appropriately trained staff in sufficient
7 numbers to accommodate the recipient population already at
8 the facility. As a condition of further or future placements
9 of persons, the Department shall require the employment of
10 additional trained staff members at the facility where said
11 persons are to be placed. The Secretary, or his or her
12 designate, shall establish written guidelines for placement
13 of persons in facilities under this Act. The Department shall
14 keep written records detailing which facilities have been
15 determined to have appropriately trained staff, which
16 facilities have been determined not to have such staff, and
17 all training which it has provided or required under this
18 Section.

19 Bills for the support for a person boarded out shall be
20 payable monthly out of the proper maintenance funds and shall
21 be audited as any other accounts of the Department. If a
22 person is placed in a facility or program outside the
23 Department, the Department may pay the actual costs of
24 residence, treatment or maintenance in such facility and may
25 collect such actual costs or a portion thereof from the
26 recipient or the estate of a person placed in accordance with
27 this Section.

28 Other than those placed in a family home the Department
29 shall cause all persons who are placed in a facility, as
30 defined by the Nursing Home Care Act, or in designated
31 community living situations or programs, to be visited at
32 least once during the first month following placement, and
33 once every month thereafter for the first year following
34 placement when indicated, but at least quarterly. After the

1 first year, visits shall be made at least once per year for
2 as long as the placement continues. If a long term care
3 facility has periodic care plan conferences, the visitor may
4 participate in those conferences. Visits shall be made by
5 qualified and trained Department personnel, or their
6 designee, in the area of mental health or developmental
7 disabilities applicable to the person visited, and shall be
8 made on a more frequent basis when indicated. The Department
9 may not use as designee any personnel connected with or
10 responsible to the representatives of any facility in which
11 persons who have been transferred under this Section are
12 placed. In the course of such visit there shall be
13 consideration of the following areas, but not limited
14 thereto: effects of transfer on physical and mental health
15 of the person, sufficiency of nursing care and medical
16 coverage required by the person, sufficiency of staff
17 personnel and ability to provide basic care for the person,
18 social, recreational and programmatic activities available
19 for the person, and other appropriate aspects of the person's
20 environment.

21 A report containing the above observations shall be made
22 to the Department and to any other appropriate agency
23 subsequent to each visitation. The report shall contain a
24 detailed assessment of whether the recipient is receiving
25 adequate and humane care and services in the least
26 restrictive environment. If the recipient is not receiving
27 those services, the Department shall either require that the
28 facility modify the treatment plan to ensure that those
29 services are provided or make arrangements necessary to
30 provide those services elsewhere. At-the-conclusion-of-one
31 year-following-absolute-or-conditional-discharge, or a longer
32 period-of-time-if-required-by-the-Department, the--Department
33 may--terminate-the-visitations-requirements-of-this-Section-as
34 to-a-person-placed-in-accordance-with-this-Section, by-filing

1 a-written-statement-of-termination-setting-forth--reasons--to
2 substantiate--the--termination-of-visitations-in-the-person's
3 file,--and-sending-a-copy-thereof-to-the-person,--and--to--his
4 guardian-or-next-of-kin.

5 Upon the complaint of any person placed in accordance
6 with this Section or any responsible citizen or upon
7 discovery that such person has been abused, neglected, or
8 improperly cared for, or that the placement does not provide
9 the type of care required by the recipient's current
10 condition, the Department immediately shall investigate, and
11 determine if the well-being, health, care, or safety of any
12 person is affected by any of the above occurrences, and if
13 any one of the above occurrences is verified, the Department
14 shall remove such person at once to a facility of the
15 Department or to another facility outside the Department,
16 provided such person's needs can be met at said facility.
17 The Department may also provide any person placed in
18 accordance with this Section who is without available funds,
19 and who is permitted to engage in employment outside the
20 facility, such sums for the transportation, and other
21 expenses as may be needed by him until he receives his wages
22 for such employment.

23 The Department shall promulgate rules and regulations
24 governing the purchase of care for persons who are wards of
25 or who are receiving services from the Department. Such
26 rules and regulations shall apply to all monies expended by
27 any agency of the State of Illinois for services rendered by
28 any person, corporate entity, agency, governmental agency or
29 political subdivision whether public or private outside of
30 the Department whether payment is made through a contractual,
31 per-diem or other arrangement. No funds shall be paid to any
32 person, corporation, agency, governmental entity or political
33 subdivision without compliance with such rules and
34 regulations.

1 The rules and regulations governing purchase of care
2 shall describe categories and types of service deemed
3 appropriate for purchase by the Department.

4 Any provider of services under this Act may elect to
5 receive payment for those services, and the Department is
6 authorized to arrange for that payment, by means of direct
7 deposit transmittals to the service provider's account
8 maintained at a bank, savings and loan association, or other
9 financial institution. The financial institution shall be
10 approved by the Department, and the deposits shall be in
11 accordance with rules and regulations adopted by the
12 Department.

13 The Department shall keep written records of the number
14 of persons it places in long term care facilities each year.
15 The records shall include the name and address of each
16 facility and the diagnosis of each individual so placed.

17 (Source: P.A. 89-507, eff. 7-1-97; 90-423, eff. 8-15-97.)

18 Section 10. The Abused and Neglected Long Term Care
19 Facility Residents Reporting Act is amended by changing
20 Sections 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, and 6.8 and adding
21 Section 6.9 as follows:

22 (210 ILCS 30/6.2) (from Ch. 111 1/2, par. 4166.2)

23 (Section scheduled to be repealed on January 1, 2002)

24 Sec. 6.2. Inspector General.

25 (a) The Governor shall appoint, and the Senate shall
26 confirm, an Inspector General. The Inspector General shall
27 be appointed for a term of 4 years and who shall function
28 within the Department of Human Services and report to the
29 Secretary of Human Services and the Governor. The Inspector
30 General shall function independently within the Department of
31 Human Services with respect to the operations of the office,
32 including the performance of investigations and issuance of

1 findings and recommendations. The Inspector General shall
2 independently submit to the Governor any request for
3 appropriations necessary for the ordinary and contingent
4 expenses of the Office of Inspector General, and
5 appropriations for that office shall be separate from the
6 Department of Human Services. The Inspector General shall
7 investigate reports of suspected abuse or neglect (as those
8 terms are defined in Section 3 of this Act) of patients or
9 residents in any mental health or developmental disabilities
10 facility operated by the Department of Human Services and
11 shall have authority to investigate and take immediate action
12 on reports of abuse or neglect of recipients, whether
13 patients or residents, in any mental health or developmental
14 disabilities facility or program that is licensed or
15 certified by the Department of Human Services (as successor
16 to the Department of Mental Health and Developmental
17 Disabilities) or that is funded by the Department of Human
18 Services (as successor to the Department of Mental Health and
19 Developmental Disabilities) and is not licensed or certified
20 by any agency of the State. At the specific, written request
21 of an agency of the State other than the Department of Human
22 Services (as successor to the Department of Mental Health and
23 Developmental Disabilities), the Inspector General may
24 cooperate in investigating reports of abuse and neglect of
25 persons with mental illness or persons with developmental
26 disabilities. The Inspector General shall have no
27 supervision over or involvement in routine, programmatic,
28 licensure, or certification operations of the Department of
29 Human Services or any of its funded agencies.

30 The Inspector General shall promulgate rules establishing
31 minimum requirements for reporting allegations of abuse and
32 neglect and initiating, conducting, and completing
33 investigations. The promulgated rules shall clearly set
34 forth that in instances where 2 or more State agencies could

1 investigate an allegation of abuse or neglect, the Inspector
2 General shall not conduct an investigation that is redundant
3 to an investigation conducted by another State agency. The
4 rules shall establish criteria for determining, based upon
5 the nature of the allegation, the appropriate method of
6 investigation, which may include, but need not be limited to,
7 site visits, telephone contacts, or requests for written
8 responses from agencies. The rules shall also clarify how
9 the Office of the Inspector General shall interact with the
10 licensing unit of the Department of Human Services in
11 investigations of allegations of abuse or neglect. Any
12 allegations or investigations of reports made pursuant to
13 this Act shall remain confidential until a final report is
14 completed. The resident or patient who allegedly was abused
15 or neglected and his or her legal guardian shall be informed
16 by the facility or agency of the report of alleged abuse or
17 neglect. Final reports regarding unsubstantiated or unfounded
18 allegations shall remain confidential, except that final
19 reports may be disclosed pursuant to Section 6 of this Act.

20 ~~The--Inspector-General-shall-be-appointed-for-a-term-of-4~~
21 ~~years-~~

22 (b) The Inspector General shall within 24 hours after
23 receiving a report of suspected abuse or neglect determine
24 whether the evidence indicates that any possible criminal act
25 has been committed. If he determines that a possible criminal
26 act has been committed, or that special expertise is required
27 in the investigation, he shall immediately notify the
28 Department of State Police. The Department of State Police
29 shall investigate any report indicating a possible murder,
30 rape, or other felony. All investigations conducted by the
31 Inspector General shall be conducted in a manner designed to
32 ensure the preservation of evidence for possible use in a
33 criminal prosecution.

34 (b-5) The Inspector General shall make a determination

1 to accept or reject a preliminary report of the investigation
2 of alleged abuse or neglect based on established
3 investigative procedures. The facility or agency may request
4 clarification or reconsideration based on additional
5 information. For cases where the allegation of abuse or
6 neglect is substantiated, the Inspector General shall require
7 the facility or agency to submit a written response. The
8 written response from a facility or agency shall address in a
9 concise and reasoned manner the actions that the agency or
10 facility will take or has taken to protect the resident or
11 patient from abuse or neglect, prevent reoccurrences, and
12 eliminate problems identified and shall include
13 implementation and completion dates for all such action.

14 (c) The Inspector General shall, within 10 calendar days
15 after the transmittal date of a completed investigation where
16 abuse or neglect is substantiated or administrative action is
17 recommended, provide a complete report on the case to the
18 Secretary of Human Services and to the agency in which the
19 abuse or neglect is alleged to have happened. The complete
20 report shall include a written response from the agency or
21 facility operated by the State to the Inspector General that
22 addresses in a concise and reasoned manner the actions that
23 the agency or facility will take or has taken to protect the
24 resident or patient from abuse or neglect, prevent
25 reoccurrences, and eliminate problems identified and shall
26 include implementation and completion dates for all such
27 action. The Secretary of Human Services shall accept or
28 reject the response and establish how the Department will
29 determine whether the facility or program followed the
30 approved response. The Secretary may require Department
31 personnel to visit the facility or agency for training,
32 technical assistance, programmatic, licensure, or
33 certification purposes. Administrative action, including
34 sanctions, may be applied should the Secretary reject the

1 response or should the facility or agency fail to follow the
2 approved response. The facility or agency shall inform the
3 resident or patient and the legal guardian whether the
4 reported allegation was substantiated, unsubstantiated, or
5 unfounded. There shall be an appeals process for any person
6 or agency that is subject to any action based on a
7 recommendation or recommendations.

8 (d) The Inspector General may recommend to the
9 Departments of Public Health and Human Services sanctions to
10 be imposed against mental health and developmental
11 disabilities facilities under the jurisdiction of the
12 Department of Human Services for the protection of residents,
13 including appointment of on-site monitors or receivers,
14 transfer or relocation of residents, and closure of units.
15 The Inspector General may seek the assistance of the Attorney
16 General or any of the several State's attorneys in imposing
17 such sanctions. Whenever the Inspector General issues any
18 recommendations to the Secretary of Human Services, the
19 Secretary shall provide a written response.

20 (e) The Inspector General shall establish and conduct
21 periodic training programs for Department of Human Services
22 employees concerning the prevention and reporting of neglect
23 and abuse.

24 (f) The Inspector General shall at all times be granted
25 access to any mental health or developmental disabilities
26 facility operated by the Department of Human Services, shall
27 establish and conduct unannounced site visits to those
28 facilities at least once annually, and shall be granted
29 access, for the purpose of investigating a report of abuse or
30 neglect, to the records of the Department of Human Services
31 and to any facility or program funded by the Department of
32 Human Services that is subject under the provisions of this
33 Section to investigation by the Inspector General for a
34 report of abuse or neglect.

1 (g) Nothing in this Section shall limit investigations
 2 by the Department of Human Services that may otherwise be
 3 required by law or that may be necessary in that Department's
 4 capacity as the central administrative authority responsible
 5 for the operation of State mental health and developmental
 6 disability facilities.

7 ~~{h}--This-Section-is-repealed-on-January-17-2002-~~
 8 (Source: P.A. 90-252, eff. 7-29-97; 90-512, eff. 8-22-97;
 9 90-655, eff. 7-30-98; 91-169, eff. 7-16-99.)

10 (210 ILCS 30/6.3) (from Ch. 111 1/2, par. 4166.3)
 11 (Section scheduled to be repealed on January 1, 2002)

12 Sec. 6.3. Quality Care Board. There is created, within
 13 the ~~Department--of--Human--Services~~¹ Office of the Inspector
 14 General, a Quality Care Board to be composed of 7 members
 15 appointed by the Governor with the advice and consent of the
 16 Senate. One of the members shall be designated as chairman
 17 by the Governor. Of the initial appointments made by the
 18 Governor, 4 Board members shall each be appointed for a term
 19 of 4 years and 3 members shall each be appointed for a term
 20 of 2 years. Upon the expiration of each member's term, a
 21 successor shall be appointed for a term of 4 years. In the
 22 case of a vacancy in the office of any member, the Governor
 23 shall appoint a successor for the remainder of the unexpired
 24 term.

25 Members appointed by the Governor shall be qualified by
 26 professional knowledge or experience in the area of law,
 27 investigatory techniques, or in the area of care of the
 28 mentally ill or developmentally disabled. Two members
 29 appointed by the Governor shall be persons with a disability
 30 or a parent of a person with a disability. Members shall
 31 serve without compensation, but shall be reimbursed for
 32 expenses incurred in connection with the performance of their
 33 duties as members.

1 The Board shall meet quarterly, and may hold other
2 meetings on the call of the chairman. Four members shall
3 constitute a quorum. The Board may adopt rules and
4 regulations it deems necessary to govern its own procedures.

5 ~~This Section is repealed on January 17, 2002.~~

6 (Source: P.A. 91-169, eff. 7-16-99.)

7 (210 ILCS 30/6.4) (from Ch. 111 1/2, par. 4166.4)

8 (Section scheduled to be repealed on January 1, 2002)

9 Sec. 6.4. Scope and function of the Quality Care Board.

10 The Board shall monitor and oversee the operations, policies,
11 and procedures of the Inspector General to assure the prompt
12 and thorough investigation of allegations of neglect and
13 abuse. In fulfilling these responsibilities, the Board may
14 do the following:

15 (1) Provide independent, expert consultation to the
16 Inspector General on policies and protocols for
17 investigations of alleged neglect and abuse.

18 (2) Review existing regulations relating to the
19 operation of facilities under the control of the
20 Department of Human Services.

21 (3) Advise the Inspector General as to the content
22 of training activities authorized under Section 6.2.

23 (4) Recommend policies concerning methods for
24 improving the intergovernmental relationships between the
25 office of the Inspector General and other State or
26 federal agencies.

27 ~~This Section is repealed on January 17, 2002.~~

28 (Source: P.A. 91-169, eff. 7-16-99.)

29 (210 ILCS 30/6.5) (from Ch. 111 1/2, par. 4166.5)

30 (Section scheduled to be repealed on January 1, 2002)

31 Sec. 6.5. Investigators. ~~Within 60 days after the~~
32 ~~effective date of this amendatory Act of 1992,~~ the Inspector

1 General shall establish a comprehensive program to ensure
2 that every person employed or newly hired to conduct
3 investigations shall receive training on an on-going basis
4 concerning investigative techniques, communication skills,
5 and the appropriate means of contact with persons admitted or
6 committed to the mental health or developmental disabilities
7 facilities under the jurisdiction of the Department of Human
8 Services.

9 ~~This Section is repealed on January 17, 2002.~~

10 (Source: P.A. 91-169, eff. 7-16-99.)

11 (210 ILCS 30/6.6) (from Ch. 111 1/2, par. 4166.6)

12 (Section scheduled to be repealed on January 1, 2002)

13 Sec. 6.6. Subpoenas; testimony; penalty. The Inspector
14 General shall have the power to subpoena witnesses and compel
15 the production of books and papers pertinent to an
16 investigation authorized by this Act, provided that the power
17 to subpoena or to compel the production of books and papers
18 shall not extend to the person or documents of a labor
19 organization or its representatives insofar as the person or
20 documents of a labor organization relate to the function of
21 representing an employee subject to investigation under this
22 Act. Mental health records of patients shall be confidential
23 as provided under the Mental Health and Developmental
24 Disabilities Confidentiality Act. Any person who fails to
25 appear in response to a subpoena or to answer any question or
26 produce any books or papers pertinent to an investigation
27 under this Act, except as otherwise provided in this Section,
28 or who knowingly gives false testimony in relation to an
29 investigation under this Act is guilty of a Class A
30 misdemeanor.

31 ~~This Section is repealed on January 17, 2002.~~

32 (Source: P.A. 91-169, eff. 7-16-99.)

(210 ILCS 30/6.7) (from Ch. 111 1/2, par. 4166.7)

(Section scheduled to be repealed on January 1, 2002)

Sec. 6.7. Annual report. The Inspector General shall provide to the General Assembly and the Governor, no later than January 1 of each year, a summary of reports and investigations made under this Act for the prior fiscal year with respect to residents of institutions under the jurisdiction of the Department of Human Services. The report shall detail the imposition of sanctions and the final disposition of those recommendations. The summaries shall not contain any confidential or identifying information concerning the subjects of the reports and investigations. The report shall also include a trend analysis of the number of reported allegations and their disposition, for each facility and Department-wide, for the most recent 3-year time period and a statement, for each facility, of the staffing-to-patient ratios. The ratios shall include only the number of direct care staff. The report shall also include detailed recommended administrative actions and matters for consideration by the General Assembly.

~~This Section is repealed on January 17, 2002.~~

(Source: P.A. 91-169, eff. 7-16-99.)

(210 ILCS 30/6.8) (from Ch. 111 1/2, par. 4166.8)

(Section scheduled to be repealed on January 1, 2002)

Sec. 6.8. Program audit. The Auditor General shall conduct a biennial program audit of the office of the Inspector General in relation to the Inspector General's compliance with this Act. The audit shall specifically include the Inspector General's effectiveness in investigating reports of alleged neglect or abuse of residents in any facility operated by the Department of Human Services and in making recommendations for sanctions to the Departments of Human Services and Public Health. The Auditor

1 General shall conduct the program audit according to the
2 provisions of the Illinois State Auditing Act and shall
3 report its findings to the General Assembly no later than
4 January 1 of each odd-numbered year.

5 ~~This Section is repealed on January 17, 2002.~~

6 (Source: P.A. 91-169, eff. 7-16-99.).

7 (210 ILCS 30/6.9 new)

8 Sec. 6.9. System evaluations; mental health facilities.

9 The agency designated by the Governor under Section 1 of the
10 Protection and Advocacy for Developmentally Disabled Persons
11 Act is authorized to periodically evaluate abuse, neglect,
12 deaths, and other safety-related issues in mental health
13 facilities, as defined in the Mental Health and Developmental
14 Disabilities Code, and the effectiveness of the State's
15 systems that address these issues. To enable the agency
16 designated by the Governor to fulfill its obligations
17 pursuant to this Section, the agency shall have authority to
18 the same extent as that provided to the Inspector General of
19 the Department of Human Services. Nothing in this Section
20 limits the agency's authority as the State's designated
21 protection and advocacy system. All identifiable information
22 in records provided pursuant to this Section shall not be
23 further disclosed except as provided by the Mental Health and
24 Developmental Disabilities Confidentiality Act. The scope of
25 these studies shall be based on the available appropriation.
26 Nothing in this Section prevents the agency designated by the
27 Governor from securing other public or private funds to carry
28 out studies pursuant to this Section. The agency shall
29 provide a report to the General Assembly and the Governor
30 regarding any system evaluations authorized by this Section.

31 Section 15. The Nursing Home Care Act is amended by
32 changing Sections 1-113, 2-104, 2-106, 2-106.1, and 3-203 as

1 follows:

2 (210 ILCS 45/1-113) (from Ch. 111 1/2, par. 4151-113)

3 Sec. 1-113. "Facility" or "long-term care facility"
4 means a private home, institution, building, residence, or
5 any other place, whether operated for profit or not, or a
6 county home for the infirm and chronically ill operated
7 pursuant to Division 5-21 or 5-22 of the Counties Code, or
8 any similar institution operated by a political subdivision
9 of the State of Illinois, which provides, through its
10 ownership or management, personal care, sheltered care or
11 nursing for 3 or more persons, not related to the applicant
12 or owner by blood or marriage. It includes skilled nursing
13 facilities and intermediate care facilities as those terms
14 are defined in Title XVIII and Title XIX of the Federal
15 Social Security Act. It shall also include classifications of
16 such facilities, including but not limited to "Residential
17 Rehabilitation Facilities" that are primarily engaged in
18 providing diagnosis, treatment, or care of persons with
19 mental illness, which includes medical attention, nursing
20 care, and related services. It also includes homes,
21 institutions, or other places operated by or under the
22 authority of the Illinois Department of Veterans' Affairs.

23 "Facility" does not include the following:

24 (1) A home, institution, or other place operated by the
25 federal government or agency thereof, or by the State of
26 Illinois, other than homes, institutions, or other places
27 operated by or under the authority of the Illinois Department
28 of Veterans' Affairs;

29 (2) A hospital, sanitarium, or other institution whose
30 principal activity or business is the diagnosis, care, and
31 treatment of human illness through the maintenance and
32 operation as organized facilities therefor, which is required
33 to be licensed under the Hospital Licensing Act;

1 (3) Any "facility for child care" as defined in the
2 Child Care Act of 1969;

3 (4) Any "Community Living Facility" as defined in the
4 Community Living Facilities Licensing Act;

5 (5) Any "community residential alternative" as defined
6 in the Community Residential Alternatives Licensing Act;

7 (6) Any nursing home or sanatorium operated solely by
8 and for persons who rely exclusively upon treatment by
9 spiritual means through prayer, in accordance with the creed
10 or tenets of any well-recognized church or religious
11 denomination. However, such nursing home or sanatorium shall
12 comply with all local laws and rules relating to sanitation
13 and safety;

14 (7) Any facility licensed by the Department of Human
15 Services as a community-integrated living arrangement as
16 defined in the Community-Integrated Living Arrangements
17 Licensure and Certification Act;

18 (8) Any "Supportive Residence" licensed under the
19 Supportive Residences Licensing Act;

20 (9) Any "supportive living facility" in good standing
21 with the demonstration project established under Section
22 5-5.01a of the Illinois Public Aid Code;

23 (10) Any assisted living or shared housing establishment
24 licensed under the Assisted Living and Shared Housing Act; or

25 (11) An Alzheimer's disease management center
26 alternative health care model licensed under the Alternative
27 Health Care Delivery Act.

28 (Source: P.A. 90-14, eff. 7-1-97; 90-763, eff. 8-14-98;
29 91-656, eff. 1-1-01; 91-838, eff. 6-16-00.)

30 (210 ILCS 45/2-104) (from Ch. 111 1/2, par. 4152-104)

31 Sec. 2-104. (a) A resident shall be permitted to retain
32 the services of his own personal physician at his own expense
33 or under an individual or group plan of health insurance, or

1 under any public or private assistance program providing such
2 coverage. However, the facility is not liable for the
3 negligence of any such personal physician. Every resident
4 shall be permitted to obtain from his own physician or the
5 physician attached to the facility complete and current
6 information concerning his medical diagnosis, treatment and
7 prognosis in terms and language the resident can reasonably
8 be expected to understand. Every resident shall be permitted
9 to participate in the planning of his total care and medical
10 treatment to the extent that his condition permits. No
11 resident shall be subjected to experimental research or
12 treatment without first obtaining his informed, written
13 consent. The conduct of any experimental research or
14 treatment shall be authorized and monitored by an
15 institutional review committee appointed by the administrator
16 of the facility where such research and treatment is
17 conducted. The membership, operating procedures and review
18 criteria for institutional review committees shall be
19 prescribed under rules and regulations of the Department.

20 (b) All medical treatment and procedures shall be
21 administered as ordered by a physician. All new physician
22 orders shall be reviewed by the facility's director of
23 nursing or charge nurse designee within 24 hours after such
24 orders have been issued to assure facility compliance with
25 such orders.

26 According to rules adopted by the Department, every woman
27 resident of child-bearing age shall receive routine
28 obstetrical and gynecological evaluations as well as
29 necessary prenatal care.

30 Every resident with a diagnosis of mental illness (other
31 than Alzheimer's disease or a related disorder) shall receive
32 necessary mental health services in accordance with rules
33 promulgated by the Department under Section 3-203 of this
34 Act, including but not limited to medical management,

1 individual and group therapy, psychosocial rehabilitation,
2 vocational services, and partial hospitalization.

3 (c) Every resident shall be permitted to refuse medical
4 treatment and to know the consequences of such action, unless
5 such refusal would be harmful to the health and safety of
6 others and such harm is documented by a physician in the
7 resident's clinical record. The resident's refusal shall
8 free the facility from the obligation to provide the
9 treatment.

10 (d) Every resident, resident's guardian, or parent if
11 the resident is a minor shall be permitted to inspect and
12 copy all his clinical and other records concerning his care
13 and maintenance kept by the facility or by his physician. The
14 facility may charge a reasonable fee for duplication of a
15 record.

16 (Source: P.A. 86-1013.)

17 (210 ILCS 45/2-106) (from Ch. 111 1/2, par. 4152-106)

18 Sec. 2-106. (a) For purposes of this Act, (i) a physical
19 restraint is any manual method or physical or mechanical
20 device, material, or equipment attached or adjacent to a
21 resident's body that the resident cannot remove easily and
22 restricts freedom of movement or normal access to one's body;
23 (ii) a chemical restraint is any drug used for discipline or
24 convenience and not required to treat medical symptoms. The
25 Department shall by rule, designate certain devices as
26 restraints, including at least all those devices which have
27 been determined to be restraints by the United States
28 Department of Health and Human Services in interpretive
29 guidelines issued for the purposes of administering Titles 18
30 and 19 of the Social Security Acts.

31 (b) Neither restraints nor confinements shall be
32 employed for the purpose of punishment or for the convenience
33 of any facility personnel. No restraints or confinements

1 shall be employed except as ordered by a physician who
2 documents the need for such restraints or confinements in the
3 resident's clinical record. Whenever a resident of an
4 institution for mental diseases is restrained, a member of
5 the facility staff shall remain with the resident at all
6 times unless the recipient has been confined. A resident who
7 is restrained and confined shall be observed by a qualified
8 person as often as is clinically appropriate but in no event
9 less often than once every 15 minutes.

10 (c) A restraint may be used only with the informed
11 consent of the resident, the resident's guardian, or other
12 authorized representative. A restraint may be used only for
13 specific periods, if it is the least restrictive means
14 necessary to attain and maintain the resident's highest
15 practicable physical, mental or psychosocial well-being,
16 including brief periods of time to provide necessary
17 life-saving treatment. A restraint may be used only after
18 consultation with appropriate health professionals, such as
19 occupational or physical therapists, and a trial of less
20 restrictive measures has led to the determination that the
21 use of less restrictive measures would not attain or maintain
22 the resident's highest practicable physical, mental or
23 psychosocial well-being. However, if the resident needs
24 emergency care, restraints may be used for brief periods to
25 permit medical treatment to proceed unless the facility has
26 notice that the resident has previously made a valid refusal
27 of the treatment in question.

28 (d) A restraint may be applied only by a person trained
29 in the application of the particular type of restraint.

30 (e) Whenever a period of use of a restraint is
31 initiated, the resident shall be advised of his or her right
32 to have a person or organization of his or her choosing,
33 including the Guardianship and Advocacy Commission, notified
34 of the use of the restraint. A recipient who is under

1 guardianship may request that a person or organization of his
2 or her choosing be notified of the restraint, whether or not
3 the guardian approves the notice. If the resident so
4 chooses, the facility shall make the notification within 24
5 hours, including any information about the period of time
6 that the restraint is to be used. Whenever the Guardianship
7 and Advocacy Commission is notified that a resident has been
8 restrained, it shall contact the resident to determine the
9 circumstances of the restraint and whether further action is
10 warranted.

11 (f) Whenever a restraint is used on a resident whose
12 primary mode of communication is sign language, the resident
13 shall be permitted to have his or her hands free from
14 restraint for brief periods each hour, except when this
15 freedom may result in physical harm to the resident or
16 others.

17 (g) The requirements of this Section are intended to
18 control in any conflict with the requirements of Sections
19 1-126 and 2-108 of the Mental Health and Developmental
20 Disabilities Code.

21 (Source: P.A. 88-413.)

22 (210 ILCS 45/2-106.1)

23 Sec. 2-106.1. Drug treatment.

24 (a) A resident shall not be given unnecessary drugs. An
25 unnecessary drug is any drug used in an excessive dose,
26 including in duplicative therapy; for excessive duration;
27 without adequate monitoring; without adequate indications for
28 its use; or in the presence of adverse consequences that
29 indicate the drugs should be reduced or discontinued. The
30 Department shall adopt, by rule, the standards for
31 unnecessary drugs contained in interpretive guidelines issued
32 by the United States Department of Health and Human Services
33 for the purposes of administering titles 18 and 19 of the

1 Social Security Act.

2 (b) Psychotropic medication shall not be prescribed
3 without the informed consent of the resident, the resident's
4 guardian, or other authorized representative. "Psychotropic
5 medication" means medication that is used for or listed as
6 used for antipsychotic, antidepressant, antimanic, or
7 antianxiety behavior modification or behavior management
8 purposes in the latest editions of the AMA Drug Evaluations
9 or the Physician's Desk Reference.

10 (c) The requirements of this Section are intended to
11 control in a conflict with the requirements of Sections 2-102
12 ~~1-102~~ and 2-107.2 of the Mental Health and Developmental
13 Disabilities Code with respect to the administration of
14 psychotropic medication.

15 (Source: P.A. 88-413.)

16 (210 ILCS 45/3-203) (from Ch. 111 1/2, par. 4153-203)

17 Sec. 3-203. In licensing any facility for persons with a
18 developmental disability or persons suffering from mental
19 illness (other than Alzheimer's disease or related disorders)
20 ~~emotional--or--behavioral--disorders~~, the Department shall
21 consult with the Department of Human Services in developing
22 minimum standards for such persons. The Department shall
23 establish standards for the diagnosis, treatment, and care of
24 all persons with mental illness in facilities licensed under
25 this Act, including, but not limited to, the establishment
26 and operation of facilities classified under this Act as
27 "Residential Rehabilitation Facilities". Standards for
28 "Residential Rehabilitation Facilities" shall be promulgated
29 and effective by October 1, 2001 or on the effective date of
30 this amendatory Act of the 92nd General Assembly, whichever
31 is later.

32 (Source: P.A. 88-380; 89-507, eff. 7-1-97.)

1 Section 20. The Mental Health and Developmental
2 Disabilities Code is amended by changing Section 3-704 as
3 follows:

4 (405 ILCS 5/3-704) (from Ch. 91 1/2, par. 3-704)
5 Sec. 3-704. Examination; detention.

6 (a) The respondent shall be permitted to remain in his
7 or her place of residence pending any examination. The
8 respondent may be accompanied by one or more of his or her
9 relatives or friends or by his or her attorney to the place
10 of examination. If, however, the court finds that it is
11 necessary in order to complete the examination the court may
12 order that the person be admitted to a mental health facility
13 pending examination and may order a peace officer or other
14 person to transport the person there. The examination shall
15 be conducted at a local mental health facility or hospital
16 or, if possible, in the respondent's own place of residence.
17 No person may be detained for examination under this Section
18 for more than 24 hours. The person shall be released upon
19 completion of the examination unless the physician, qualified
20 examiner or clinical psychologist executes a certificate
21 stating that the person is subject to involuntary admission
22 and in need of immediate hospitalization to protect such
23 person or others from physical harm. Upon admission under
24 this Section treatment may be given pursuant to Section
25 3-608.

26 (a-5) Whenever a respondent has been transported to a
27 mental health facility for an examination, the admitting
28 facility shall inquire, upon the respondent's arrival,
29 whether the respondent wishes any person or persons to be
30 notified of his or her detention at that facility. If the
31 respondent does wish to have any person or persons notified
32 of his or her detention at the facility, the facility must
33 promptly make all reasonable attempts to locate, within one

1 ~~hour after the respondent's arrival, the individual~~
2 ~~identified by the respondent, or~~ at least 2 individuals
3 identified by the respondent ~~if more than one has been~~
4 ~~identified,~~ and notify them of the respondent's detention at
5 the facility for a mandatory examination pursuant to court
6 order.

7 (b) Not later than 24 hours, excluding Saturdays,
8 Sundays, and holidays, after admission under this Section,
9 the respondent shall be asked if he desires the petition and
10 the notice required under Section 3-206 sent to any other
11 persons and at least 2 such persons designated by the
12 respondent shall be sent the documents. At the time of his
13 admission the respondent shall be allowed to complete not
14 fewer than 2 telephone calls to such persons as he chooses.

15 (Source: P.A. 91-726, eff. 6-2-00; 91-837, eff. 6-16-00;
16 revised 7-5-00.)

17 Section 99. Effective date. This Section, the changes
18 to Section 4.3 of the Mental Health and Developmental
19 Disabilities Administrative Act, the changes to Sections 6.2,
20 6.3, 6.4, 6.5, 6.6, 6.7, and 6.8 of the Abused and Neglected
21 Long Term Care Facility Residents Reporting Act, the changes
22 to Section 3-203 of the Nursing Home Care Act, and the
23 changes to Section 3-704 of the Mental Health and
24 Developmental Disabilities Code take effect upon becoming
25 law.

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Statutes amended in order of appearance

20 ILCS 1705/4 from Ch. 91 1/2, par. 100-4
20 ILCS 1705/4.3 from Ch. 91 1/2, par. 100-4.3
20 ILCS 1705/7 from Ch. 91 1/2, par. 100-7
20 ILCS 1705/15 from Ch. 91 1/2, par. 100-15
210 ILCS 30/6.2 from Ch. 111 1/2, par. 4166.2
210 ILCS 30/6.3 from Ch. 111 1/2, par. 4166.3
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210 ILCS 30/6.9 new
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210 ILCS 45/2-104 from Ch. 111 1/2, par. 4152-104
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210 ILCS 45/3-203 from Ch. 111 1/2, par. 4153-203
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